

# CENTRAL CLEARANCE OUT-PROCESSING INSTRUCTIONS

All Soldiers must be in duty uniform to clear regardless of your rank or duty status. Our office is located in the Copeland Center bldg 18010, 3<sup>rd</sup> Floor, Room - A309.

## INSTALLATION CLEARING PAPERS (DA 137-2)

1. The date in **Block 8** is the earliest you can come to our office to receive the “Green Stamp.” Your Installation Clearing papers are good for **30 days** from the date in **Block 8**. You will need to bring DA Form 137-1 dated June 2010 (Unit Clearance Record) completed with you on your final out-processing date, along with a copy of your orders, amendments and Form DA 31.

INSTALLATION CLEARANCE RECORD														
For use of this form, see AR 600-8-101; the proponent agency is DCS, G1														
DATA REQUIRED BY THE PRIVACY ACT OF 1974														
<b>AUTHORITY:</b> Section 301, Title 5, USC. <b>PRINCIPAL PURPOSE:</b> To ensure soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement. <b>ROUTINE USES:</b> To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and DoD sponsored agencies. <b>DISCLOSURE:</b> Disclosure is voluntary, however, failure to complete this form may result in only partial payment of final pay. <b>INSTRUCTIONS TO THE SOLDIER:</b> This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. It is your responsibility to complete this checklist properly. If you are separating or retiring from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving 55 percent of your final pay pending verification by DFAS of any outstanding debts. Activities marked with an @ require clearance for all soldiers separating or retiring from the Active Army, including AGSR personnel. Activities marked with an asterisk (*) require clearance for soldiers departing on PCS. Activities not marked will be cleared per installation instructions. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed. Provide any additional information in Remarks, block 17.														
<b>SECTION A - PERSONNEL DATA (To be completed by the commander, S1, processing control station, or appointed official)</b>														
1. NAME SMITH, JOHN		2. RANK		3. ORDERS NO. 111-999										
4. GAINING UNIT		5. LOSING UNIT A		6. DATE OF ORDERS (YYYYMMDD) 2010/08/03										
7. REASON FOR CLEARING PCS <input checked="" type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (Specify)				8. DEPARTURE DATE (YYYYMMDD) 2010/09/09										
<b>SECTION B - INSTALLATION STANDARD CLEARANCES</b>														
9. INSTALLATION ACTIVITY		10. YES	11. DEBT AMOUNT	12. NO	13. TYPED NAME	14. TELEPHONE NO.	15. SIGNATURE							
a. PERSONNEL INFORMATION @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>										
b. MEDICAL FACILITY @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>										
c. TRICARE SERVICE CENTER HEALTH BENEFITS ADVISOR OR MEDICAL ELEMENT EQUIVALENT @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>										
d. DENTAL FACILITY @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>										
e. CENTRAL ISSUE FACILITY @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>										
f. EDUCATION CENTER @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>	JACKIE.ROBINSON3									
g. ARMY EMERGENCY RELIEF @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>	PAT.SWANNER									
h. POST EXCHANGE @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>	PHYLLIS.DOOD									
i. HOUSING OFFICE @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>	RENEE.R.BUTLER									
j. ARMY COMMUNITY SERVICES CENTER @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>	TRISH.FRENCH									
k. MORALE/WELEF/RECREATION FUND MANAGER @*		<input type="checkbox"/>		<input checked="" type="checkbox"/>	NANCY.FRIER									
DA FORM 137-2, JUN 2010 PREVIOUS EDITIONS ARE OBSOLETE. APO PE V1 01														

Block 8 will be highlighted

Column 13 show the agencies that has been pre-cleared

Ensure you obtain all signatures and stamps from appropriate agencies in column **13**. If there is a typed name in **Column 13** it has been pre-cleared for you; if it does not have a name in **Column 13** you must go and clear that agency receiving a signature and a stamp.

SECTION B - INSTALLATION STANDARD CLEARANCES (Continued)						
9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. TYPED NAME	14. TELEPHONE NO.	15. SIGNATURE
i. TRAINING AIDS CENTER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	ROB.KYLE		
m. CHILD AND YOUTH SERVICES/SCHOOL LIAISON OFFICER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
n. RESERVE COMPONENT CAREER COUNSELOR @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
o. LODGING OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
p. REAL PROPERTY BRANCH @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	ANN.M.HUNT		
q. VETERINARIAN CLINIC @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	BEATE.BROWN		
r. FURNISHING MANAGEMENT OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	JACQUELINE.D.HENRY		
s. INSTALLATION PROPERTY BOOK @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	MARGARET.WALL		
t. LIBRARY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	MARY.THEILING		
u. CLUB SYSTEM @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	NANCY.FRIER		
v. EFMP @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PHYNA.CALLAHAN		
w. DEPOSIT WAIVER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	RENEE.R.BUTLER		
x. CENTRAL BARRACKS MGT @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	RICKY.WALLACE		
y. DEFENSE TRAVEL SYSTEM @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
16. REMARKS:						

  

SECTION C - MILITARY PAY PROCESSING					
17. MILITARY PAY OFFICE	a. TYPED NAME	b. TYPED NAME	c. TELEPHONE NO	d. SIGNATURE	e. DATE (YYYYMMDD)
(1) Travel Pay Processing @*					
(2) Separation Pay Processing @					
(3) Debt Processing @					

  

SECTION D - PROCESSING CONTROL STATION				
18a. Does the soldier have a signed, authenticated, and dated Service Member Deployment History Out-processing Verification form? @*	b. TYPED NAME	c. TELEPHONE NO	d. SIGNATURE	e. DATE (YYYYMMDD)
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
19. Has the soldier completed out-processing? @*	a. TYPED NAME	b. TELEPHONE NO (999) 999-9999	c. SIGNATURE	d. DATE (YYYYMMDD)
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CB			

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**Note:** Make sure you get the stamp from Finance prior to receiving the Green Stamp from Central Clearance.

**Finance Stamp here.**

- 2. Item #17, Section C – Military Pay Processing** is finance which is located on the 2nd floor room A210, of the Copeland Soldier Service Center. You must attend a Finance Briefing prior to receiving a finance stamp with signature, and date on the Installation Clearing Papers.

SECTION B - INSTALLATION STANDARD CLEARANCES (Continued)						
9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. TYPED NAME	14. TELEPHONE NO.	15. SIGNATURE
i. TRAINING AIDS CENTER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	ROB.KYLE		
m. CHILD AND YOUTH SERVICES/SCHOOL LIAISON OFFICER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
n. RESERVE COMPONENT CAREER COUNSELOR @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
o. LODGING OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
p. REAL PROPERTY BRANCH @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	ANN.M.HUNT		
q. VETERINARIAN CLINIC @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	BEATE.BROWN		
r. FURNISHING MANAGEMENT OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	JACQUELINE.D.HENRY		
s. INSTALLATION PROPERTY BOOK @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	MARGARET.WALL		
t. LIBRARY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	MARY.THEILING		
u. CLUB SYSTEM @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	NANCY.FRIER		
v. EFMP @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	PHYNA.CALLAHAN		
w. DEPOSIT WAIVER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	RENEE.R.BUTLER		
x. CENTRAL BARRACKS MGT @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	RICKY.WALLACE		
y. DEFENSE TRAVEL SYSTEM @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>			
16. REMARKS:						

  

SECTION C - MILITARY PAY PROCESSING					
17. MILITARY PAY OFFICE	a. TYPED NAME	b. TYPED NAME	c. TELEPHONE NO	d. SIGNATURE	e. DATE (YYYYMMDD)
(1) Travel Pay Processing @*					
(2) Separation Pay Processing @					
(3) Debt Processing @					

  

SECTION D - PROCESSING CONTROL STATION				
18a. Does the soldier have a signed, authenticated, and dated Service Member Deployment History Out-processing Verification form? @*	b. TYPED NAME	c. TELEPHONE NO	d. SIGNATURE	e. DATE (YYYYMMDD)
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
19. Has the soldier completed out-processing? @*	a. TYPED NAME	b. TELEPHONE NO (999) 999-9999	c. SIGNATURE	d. DATE (YYYYMMDD)
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CB			

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**Section B Central Clearance Stamp at final out.**

- 3. Item 18a, Section D - Processing Control Station** on your clearing papers will be completed by the Central Clearance Office on your day to clear out-processing.



**Line 19:** Only the First Sergeant, Company Commander or S-1 Adjutant is authorized to clear you from your unit. If your Commander is the Rear Detachment Commander, please attach their Assumption of Command orders with your documentation.

SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS			
11. PROPERTY ACCOUNTABILITY		11b. DATE OF SOURCE DOCUMENT (YYYYMMDD)	
11a. STATEMENT OF CHARGES/ CASH COLLECTION VOUCHER		11c. AMOUNT	
11c. REPORT OF SURVEY		11d. DISPOSITION	
12. PAY ITEMS (Check all that apply)		12a. INCENTIVE PAY (Specify Type)	
<input type="checkbox"/> BAS <input type="checkbox"/> BAH <input type="checkbox"/> COLA <input type="checkbox"/> OHA <input type="checkbox"/> FSA <input type="checkbox"/> IDP <input type="checkbox"/> OPP <input type="checkbox"/> SDAP		<input type="checkbox"/> ENLISTMENT BONUS <input type="checkbox"/> REENLISTMENT BONUS	
12b. OTHER (Specify)			
SECTION E - BATTALION/UNIT CLEARANCE ITEMS. A check by an item confirms that the item has been verified and that necessary action has been taken.			
13. BN S1/UNIT COMMANDER VERIFYING OFFICIAL			
a. TYPE OR PRINT NAME		b. SIGNATURE	
c. DATE (YYYYMMDD)			
DA Form 31	Family Care Plan	PROFIS Duty Position	TRICARE Dental Program
Meal Card	DD Form 2648	Duty Roster	Exceptional Family Member Program
Line of Duty Investigation	DDO Travel Charge Card	Physical Profile	
Unit Items	Flagged	Personnel Register	
Evaluation Reports	Weight Control Program	Change of Address Form	
14. BN S2/S3/UNIT COMMANDER VERIFYING OFFICIAL			
a. TYPE OR PRINT NAME		b. SIGNATURE	
c. DATE (YYYYMMDD)			
Security Briefing/Debriefing	APFT	Security Clearance	
Weapons Qualification	Training Records	Antiterrorism Briefing	
Training Room	PERSTEMPO Verification Sheet		
15. BN S4/UNIT COMMANDER VERIFYING OFFICIAL			
a. TYPE OR PRINT NAME		b. SIGNATURE	
c. DATE (YYYYMMDD)			
Supply Room	NBC Room	Motor Pool	
Arms Room	Protective Mask Inserts		
16. OTHER			
a. OTHER CLEARANCES	b. TYPE OR PRINT NAME	c. SIGNATURE	d. DATE (YYYYMMDD)
Career Counselor			
17. REMARKS			
18. SOLDIER'S AUTHENTICATION			
a. TYPE OR PRINT NAME		b. SIGNATURE	
c. DATE (YYYYMMDD)			
19. COMMANDER/BN S1 AUTHENTICATING OFFICIAL			
a. TYPE OR PRINT NAME		b. SIGNATURE	
c. DATE (YYYYMMDD)			

**FSRPT** (FORSCOM Soldier Risk Policy and Tools) must be signed by Commander or 1SG include Phone Number

**Reminder:** You must clear all agencies on forms DA 137-2 and DA 137-1 before you come to final out at Central Clearance. The date in Block 8 of your Installation Clearing Papers is the earliest date to receive the **Green Stamp**.

**NOTE:** Make sure you print the Online Instructions, Installation Clearance Location sheet DTS sheet and Flow Chart to ease your clearing process to reduce travel time.